

**CITY OF SUNNYVALE
COMMUNITY DEVELOPMENT
BLOCK GRANT (CDBG)
AND
HOME FUNDS**

FY 2005-2006 GRANT PROPOSAL

OUTSIDE AGENCY APPLICATION - PROJECTS

***LATE OR
INCOMPLETE APPLICATIONS
WILL NOT BE ACCEPTED***

**CDBG/HOME APPLICATIONS ARE DUE ON
FRIDAY, JANUARY 21, 2005**

(no later than) 5:00 PM

AT

**CITY OF SUNNYVALE
COMMUNITY DEVELOPMENT DEPARTMENT
HOUSING DIVISION
456 WEST OLIVE AVENUE
(408) 730-7250**

**CITY OF SUNNYVALE
CDBG/HOME GRANT PROGRAMS
OUTSIDE AGENCY 2005-06 APPLICATION - PROJECTS**

APPLICATION SUMMARY SHEET

This General Application Packet is to be used by applicants applying for Community Development Block Grant (CDBG) and/or HOME funding for the fiscal year 2005-06.

Application Preparation Directions:

- Do not exceed the number of pages allocated to each section
- Use Times New Roman 12 pt. font, single-spaced with 1 inch margins on all sides
- Type pages single sided only
- Label each page with a header in the upper right hand corner (the header should include the organization name on the top line and title of the project on the 2nd line)
- Include page numbers on all pages within the narrative response section of the application

Application Submittal Directions:

Your application should consist of the following pages and should be submitted in the sequence shown below:

1. Program Specific Pages (Applicant Information Page and Project Eligibility Narrative)
2. Narrative responses to the Main Application Pages
3. Applicable Attachments

For further detail on the necessary components of each element, an application checklist is included in the application packet. In order to ensure a complete application, the application checklist should be referenced when preparing the application for submittal.

One original and nine copies of the application and all attachments, with the exception of entry criteria documents, must be submitted for each grant program. Only one copy of entry criteria documents need be submitted.

Directions for Submitting More Than One Application:

If your agency is applying for funding from both CDBG and HOME grant programs, a separate and complete application must be submitted to each grant program. A complete application includes the CDBG or HOME program specific pages, narrative responses to the main application pages, and all applicable attachments. Each application must be submitted by the application due date, (January 21, 2005).

If your agency is submitting an application for both CDBG and HOME grant programs, please check the appropriate box on the Applicant Information Page in the General Application Packet. You will need to identify whether the applications submitted for CDBG and HOME are:

- | | <u>Project Title (Example)</u> |
|--|---|
| • Two different and unrelated projects | Construction of Housing on Union St. - HOME
Acquisition of Land on Mary Ave. - CDBG |
| • The exact same project | Construction of Housing on Mathilda Ave. - HOME
Acquisition of Land on Mathilda Ave.- CDBG |
| • Different components of the same project | Renovation of Housing at ABC - Non-Profit Site - HOME
ABC - Non-Profit Site Renovation-Bathroom – CDBG |

Identifying this information upfront will assist Housing Division staff in coordinating project analysis of the applications.

Applicant Information Page:

A **five-line summary** of your proposed project is included on the Applicant Information page. Applicants should provide a summary, not to exceed five lines, of the project and how the services will produce the desired outcome. The summary should include the type of services that your project will provide, the desired outcome, and the number of people who will be served. Be sure to describe the project rather than the overall need for the service. This response will be used in the proposal log that will be distributed to the Housing & Human Services Commission. Physical improvement projects qualify for funding based on the public services that are provided. For physical improvement projects, the project summary should describe the physical improvement project and public services that will be provided upon completion of the physical improvement project.

**CITY OF SUNNYVALE
HOME AND CDBG GRANT PROGRAMS
GENERAL APPLICATION PACKET
FY 2005-2006**

Application Issue Date: Wednesday, December 15, 2004

Application Due Date: CDBG/HOME – Friday, January 21, 2005, 5:00 PM

**NO LATE OR INCOMPLETE APPLICATIONS
WILL BE ACCEPTED**

Place: City of Sunnyvale
Community Development Department
Attn: Housing Division
456 West Olive Avenue
Sunnyvale, CA 94088-3707

TABLE OF CONTENTS:

- 1. Application Checklist**
- 2. Applicant Information**
- 3. Project Eligibility**
- 4. Main Application**
- 5. Attachments**

APPLICATION CHECKLIST

PROJECT TITLE _____

ORGANIZATION NAME _____

Directions

GRANT PROGRAM

- Check the appropriate box to indicate that the items are attached.
- **All attachments must be properly labeled** with the Project Title and Organization Name in the upper right corner of the first page of the attached document.
- Application should be submitted in the order shown below.

Yes

No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | One original and one copy of the program specific pages, narrative responses to the main application pages and applicable attachments except for Entry Criteria information . An original is only required for these documents. |
| <input type="checkbox"/> | <input type="checkbox"/> | CDBG or HOME Applicant Information Page |
| <input type="checkbox"/> | <input type="checkbox"/> | CDBG or HOME Project Eligibility Narrative (1 Page) |
| <input type="checkbox"/> | <input type="checkbox"/> | Project Description Narrative (2 Pages) |
| <input type="checkbox"/> | <input type="checkbox"/> | Minor Project Narrative (Optional) (2 Pages) |
| <input type="checkbox"/> | <input type="checkbox"/> | Needs - (1 Page) |
| <input type="checkbox"/> | <input type="checkbox"/> | Outcomes - (2 Pages) |
| <input type="checkbox"/> | <input type="checkbox"/> | Innovation/Best Practices – (1 Page) |
| <input type="checkbox"/> | <input type="checkbox"/> | Leverage – (1 Page) |
| <input type="checkbox"/> | <input type="checkbox"/> | Capacity to Achieve Results – (2 Pages) |
| <input type="checkbox"/> | <input type="checkbox"/> | Operational Performance – (1 Page) |
| | | Physical Improvement Projects Only: (4 Pages Total) |
| <input type="checkbox"/> | <input type="checkbox"/> | Project Implementation - (Physical Improvement Projects) |
| <input type="checkbox"/> | <input type="checkbox"/> | Feasibility Criteria - (Physical Improvement Projects) |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment A Scope of Service - Operating Project |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment B Scope of Service - Project |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment C Budget Worksheet |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment CC Minor Project Budget Worksheet (Optional) |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment D Project Scoping Form (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment E Resource Table |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment F Signed Certificate and Assurances |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment G Signed Statement of Fiscal Agent (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment H Sample pro-forma |
| | | Entry Criteria Documents: (submit 1 set only) |
| <input type="checkbox"/> | <input type="checkbox"/> | 501 (c)(3) documentation (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Authorization to sign |
| <input type="checkbox"/> | <input type="checkbox"/> | Clientele sheet |
| <input type="checkbox"/> | <input type="checkbox"/> | Most recent agency audit and management letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Explanation of Reportable Conditions in Audit (if applicable). |

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HOME APPLICANT INFORMATION

Type of Project: ☐ Physical Improvement Project ☐ Loan Acquisition Project
 ☐ New Construction of Housing

Only HOME Eligible Projects will be accepted.

Project Title _____

Organization Name _____

Type of Organization

<input type="checkbox"/> Private Non-Profit with 501 © (3) status	<input type="checkbox"/> City of Sunnyvale
<input type="checkbox"/> Governmental Jurisdiction	<input type="checkbox"/> Other Specify_____

Project Contact Person

Project E-mail Address for Contact Person

Mailing Address _____

Telephone No. _____ Fax No. _____

Name/Title of Individual Authorized to Enter into Agreement

Fiscal Agent (if applicable)

If completing this line, attach Statement of Fiscal Agent Responsibilities Form.

Project Category

HOME Project Categories are listed in the Application Instructions and Eligibility Standards.

Assessors Parcel Number (physical improvement projects only)_____

HOME PROJECT FUNDING INFORMATION

2005-2006 Project Request	2005-2006 (Minor) Project Request	Are you also applying for CDBG funds? _____ Are the applications:
		<input type="checkbox"/> Two different and unrelated projects
		<input type="checkbox"/> The exact same project
		<input type="checkbox"/> Different components of the same project

Please provide a five-line summary of your proposed project in the box below.

--

CERTIFICATION:

THE APPLICANT HEREBY PROPOSES TO UNDERTAKE AND COMPLETE THE PROJECT IN ACCORDANCE WITH THE OUTSIDE AGENCY FUNDING POLICY OF THE CITY OF SUNNYVALE AS STATED IN THIS PROPOSAL. IF THIS PROPOSAL IS APPROVED AND FUNDED, IT IS AGREED THAT RELEVANT FEDERAL, STATE AND LOCAL REGULATIONS, AND OTHER ASSURANCES AS REQUIRED BY THE CITY OF SUNNYVALE, WILL BE ADHERED TO. FURTHERMORE, AS THE DULY AUTHORIZED REPRESENTATIVE OF THE APPLICANT ORGANIZATION, I CERTIFY THAT THE APPLICANT IS FULLY CAPABLE OF FULFILLING ITS OBLIGATION UNDER THIS PROPOSAL AS STATED HEREIN.

THIS APPLICATION AND THE INFORMATION CONTAINED HEREIN ARE TRUE AND CORRECT AND COMPLETE, TO THE BEST OF MY KNOWLEDGE.

DATE: _____
(Organization Name)

BY: _____
Executive Director

RESOLUTION/CERTIFICATION:

To be completed and submitted by _____

WE, THE BOARD OF DIRECTORS OF
DO HEREBY RESOLVE THAT ON _____, 20____, THE BOARD REVIEWED THE OUTSIDE
AGENCY APPLICATION, ENTITLED ,
SUBMITTED TO THE CITY OF SUNNYVALE FOR FUNDING CONSIDERATION FOR
FISCAL YEAR 2005/2006 AND, FURTHERMORE, THE BOARD IN A PROPER MOTION AND
VOTE APPROVED THIS APPLICATION FOR SUBMISSION.

FURTHERMORE, WE HEREBY CERTIFY THAT THE AGENCY MAKING THIS
APPLICATION IS 1) NON-PROFIT, 2) TAX EXEMPT, AND 3) INCORPORATED IN THE
STATE OF CALIFORNIA, AND HAS COMPLIED WITH ALL APPLICABLE LAWS AND
REGULATIONS.

TO THE BEST OF OUR KNOWLEDGE, ALL INFORMATION PRESENTED HEREIN IS
CORRECT AND COMPLETE.

DATED: _____, 19 _____

BY:
President of the Board on behalf of the Board of Directors

CDBG/HOME PROJECT ELIGIBILITY

Attach a narrative not to exceed one (1) page addressing the following:

I. Entry Criteria

To answer the statements below applicants will need to describe how their proposed activity relates to each statement and attach the appropriate document(s) requested.

- A. Describe your organization's status and attach:
 - The supporting documentation that your organization is a private, non-profit with 501(c)(3) status.
 - The authorization document of individuals authorized to sign on behalf of the organization.
 - The latest audit
 - If funded other documents will need to be submitted to the CDBG/HOME office (see Attachment I of the Application Instructions and Eligibility Standards).
- B. Define your CDBG/HOME eligible clientele and service area. Additionally, attach one of the following:
 - Clientele sheet (**may apply** to Physical Improvement Projects).
- C. Describe your CDBG/HOME eligible activity (see the Application Instructions and Eligibility Standards). Explain how this activity will address the national objective of serving low/moderate income persons (incomes 80% or less of City of Sunnyvale median income), with an emphasis on very low (50% or less of city of Sunnyvale's median income). Identify the percentage of low-income clientele that are or will be served by the activity. Clientele sheets (see the General Information Packet for Median Income information) must support this percentage.
- D. Describe why this project is appropriate for funding from the CDBG/HOME grant program. If applying for both CDBG and HOME funds, indicate the portion of the project that you are requesting the CDBG fund to support.

MAIN APPLICATION

Attach a narrative not to exceed the pages identified for each criterion. Please note that all narratives should be single-spaced using 12 point Times New Roman font.

I. Project Description

Attach a narrative not to exceed two (2) pages addressing the following sections regarding project description. Physical improvement projects should describe the services that will be provided.

- A. **Current Program** – Describe your current project. Include in the description the various activities or # of units available for housing and the number of unduplicated participants served or households to be housed. For physical improvement projects, describe current services that are being provided, if any, at the existing location.
- B. **Proposed Program and Level of Service** - Provide a detailed description of your proposed project to be funded by the grant program(s). For physical improvement projects, describe the physical improvement project and the resulting activities to be delivered and the number of unduplicated participants/or households to be served upon completion of the physical improvement project. This discussion should focus on the proposed project, not total agency services. For land acquisition and construction projects describe the characteristics of the population to be shared by the projects, and whether this project serves identified affordable housing needs in Sunnyvale.
- C. **Goals** – Complete one of the following attachments. If you are applying for funds under both CDBG and HOME programs, complete one scope of service form for each grant program.
 - Scope of Service for Projects that provide services- (**Attachment A**)
 - Scope of Service for Physical Improvement Projects- (**Attachment B**)
- D. **Budget** – Complete the budget worksheet. If you are applying for funds under both CDBG and HOME programs, complete one budget worksheet form for each grant program.
 - Operating Project (**Attachment C**)
 - Physical Improvement Project- (**Attachment D**)
- E. **For Capitol Improvement or Construction Projects:**
 - Attach copies of drawings.
 - Who owns or will own the building to be occupied or renovated? If facility/ground is leased, what is the term of the lease? Who will control the facility once the improvements are made?

- Described actions which will be undertaken to abate asbestos and lead-based paint hazards.
- What is the alternative plan if the City contribution is not granted, or is provided on a reduced level?
- How will your organization handle cost overruns?
- If applicable to the type of project proposed, include an income and expense proforma showing income and expenses before and after the improvements, for a 15 year period.
- The project may be subject to compliance with the Davis Bacon Act requiring the payment and monitoring of prevailing wages. All preliminary project labor estimates should therefore be provided on the basis of the prevailing rate. Describe your agencies ability to implement and manage prevailing wage rate projects.

F. **Budgetary Incomes:**

- On what basis is the City portion of the project budget computed? (Pro-rated based on number of clients served, or other methodology?)
- Indicate anything which is unusual about the project budget.
- Discuss the basis upon which reserves are planned and management controls utilized to maintain an adequate reserve. Specify the amount and purpose of any reserve funds identified in the pro forma.

G. **Civil Rights Compliance:**

- Do you have a written policy prohibiting discrimination in employment on the basis of race, color, national origin, age, sex, religion or disability? If yes, attach a copy.
- **Americans with Disability Act (ADA):**
Discuss the accessibility of your project, service or physical facility to people with disabilities. What steps have been taken to inform the general public or program participants of your willingness to make accommodations?

Copies of insurance certificates naming the City of Sunnyvale as an additional insured will be required, if grant is awarded.

II. **Minor Project (Optional)**

Attach a narrative not to exceed two (2) pages.

No smaller project will be considered unless it is described in this section.

Note: Physical Improvement Projects should describe the scaled back version of the construction project.

- A. If funding requested for the entire project cannot be recommended, it may be possible to recommend a smaller amount to support a minor project. The minor project must be related to the larger project, but must be able to stand alone as a complete project. It can be a scaled back version of the larger project (i.e. includes all activities but serves fewer unduplicated participants) or have fewer activities than the larger project. The amount of funding for the minor project represents the level of funding below which the project will no longer be viable.

Physical improvement projects must be completed within eighteen (18) months. Describe the minor project. Describe how this minor project changes the activities to be delivered, and the number of unduplicated participants to be served. Explain how this minor project affects your response to the rating criteria.

- B. Minor Project Budget- Complete one of the following budget worksheets:
- Minor Physical Improvement Project- (Attachment CC)

III. Criteria

A **five point relative scale** (a.k.a. Likert Scale) ranging from Very Low to Very High will be used to evaluate answers provided by applicants for the following four evaluation criteria: Needs, Outcomes, Innovation/Best Practices and Leverage. A **three point rating scale** consisting of “Yes”, “No”, and “Conditional”, will be used to evaluate answers provided by applicants for the following three criteria: Capacity to Achieve Results, Operational Performance and Feasibility (Physical Improvement projects only). Applicants that rate a “No” on one of these three criteria will not be recommended for funding. Attachment II of the Application Instructions and Eligibility Standards details how responses for each Criterion will be rated.

A. Needs (5 Point Scale)

Attach a narrative not to exceed one (1) page addressing the following:

1. Describe in detail the need your proposed project addresses. In the discussion, explain how the proposed project provides services to at-risk and/or under served populations. What indicators are used to determine that your clients are at-risk and/or under served? Or cite documentation that designates that your project clients are at-risk and /or under served.

2. Describe how your proposed project aligns with a City of Sunnyvale adopted plans.
3. Explain how the proposed project directly contributes to the grant program goals. (The specific grant program goals can be found in the City of Sunnyvale's Consolidated Plan, Chapter 4. Strategic Plan.)
4. Describe how the target population was involved in developing the proposed project.

B. Innovation/Best Practices (5 Point Scale)

Attach a narrative not to exceed one (1) page addressing the following:

1. Projects may use innovative techniques or established best practices to produce results. Provide details on what makes your service delivery method innovative in its methodology. Innovation does not necessarily refer to projects new to Sunnyvale. To be innovative a project must utilize new methods, practices or processes to achieve results. If claiming an innovative project, you must demonstrate that an internal review of your service delivery process has taken place, and that you have modified your project based on your findings. If claiming "best practices," discuss and document your organization's or program's track record in achieving program objectives. A "best practice" is evidence-based and replicates approaches to service delivery that have worked in the past and have produced successful results. What indicators were used to determine that your methods constitute "best practice"? Have you received outside recognition for your practices?

C. Leverage (5 Point Scale)

Attach a narrative not to exceed one (1) page addressing the following:

1. Describe your efforts to obtain funding for this project from other agencies. Explain how the funding for this project has been leveraged. Include in your description all resources that have been committed to this project that will be exhibited in the budget page. **Please only describe project leverage and not total agency leverage.** For sources listed on the Resource Table as "pending" or "projected", identify whether the project has received these funds in the past. Do these funds represent likely continuing funding from a renewable funding source?

2. **Resource Table- Complete Attachment E**
The resource table will be used to demonstrate what other program specific funding your agency has secured or is in the process of securing. Do not include this grant request on the resource table. The total funds on the Resource Table should match the “other funds” total on the budget attachment.
3. Describe non-monetary resources, such as in-kind donations, rental-free use of facilities, and volunteers that have been leveraged for this project.
4. Explain how your proposed services are coordinated with existing services resulting in a more efficient or cost effective method of service delivery. Are you collaborating with any City Departments or Programs? If so, describe the nature of the collaboration.

E. Capacity to Achieve Results (3 Point Scale)

Attach a narrative not to exceed two (2) pages addressing the following:

1. Provide the number of staff, position and experience of staff to perform the project. If staff has not been hired, describe the competencies and skills required for the position(s). Discuss your agency expertise in managing this type of project or a related project in the community.
2. Operating Projects: Explain all major items included in the budget to confirm that it is reasonable and complete, and that it supports the project description. If positions, or portions of positions, are proposed to be funded from this grant list the positions and amounts to be requested for reimbursement in a table format as shown below.

Example:

Position	Total Salary	% Charged to this Grant	Total Salary Charged to this Grant
Program Manager	45,000	50%	22,500

If contractual services are proposed to be funded from this grant, provide a narrative description of the scope and quantity of the services for each contract. Then list the individual contracts on a table format shown below:

Purpose of Contract	Amount of Contract	% Charged to this Grant	Total Contract Amount Charged to this Grant
Computer Training	50,000	50%	25,000

Physical Improvement Projects: In an effort to support the cost of your

physical improvement project, it is highly recommended that you secure at a minimum at least two estimates from a licensed general contractor. The general contractor should include in the estimate the following:

- Name of construction firm providing the estimate.
- Construction firm's license number.
- Address of construction firm.
- A cost breakdown of each construction item (i.e., unit cost, quantity and type of material to be used (quality)).
- Total square footage impacted by this construction work.
- A narrative from the construction firm detailing the scope of the work to be performed.

*The estimates submitted with the application should not be more than three months old.

If construction estimates cannot be secured, **Attachment D** needs to be completed and the following must be provided.

- A detailed narrative describing the scope.
- Assumptions made about the scope and timeline.
- Explanation of how the cost of work was determined.
- Explanation of how cost over runs will be managed if the estimated cost of performing the work is underestimated

3. Attach a work plan that shows how your agency will achieve the project's intended results. The intended results refer to the outcome measures. Milestones are the major elements or steps that are needed to achieve results. These may include dates for project planning, the hiring of staff, service delivery, outcome evaluation, etc. Provide the information in a table format as shown below. For operating projects, the work plan should reflect a project's "readiness" to begin implementation by July 1, 2005.

	Month											
Activity By <u>Program</u> <u>Component</u>	7	8	9	10	11	12	1	2	3	4	5	6
Counseling Component												
Hire Counselor	X											
Etc.												

F. Operational Performance (3 Point Scale)

If Agency has been audited:

Applicants that have previously been audited must submit a copy of the most recent agency audit. Staff will determine the agency's fiscal and administrative capacity to provide the proposed project by evaluating the audit.

If Agency has not been audited:

If your agency has not been audited, please refer to criteria in the General Information Packet to determine grant eligibility. Applicants that have not been previously audited and are not submitting a copy of their agency's most recent audit must demonstrate that appropriate fiscal and administrative systems are in place by addressing the following questions in a narrative not to exceed one (1) page.

Fiscal Systems (Required):

1. Does your agency have an accounting system? If so, describe the accounting system that is in place. Who is responsible for maintaining the accounting records for the agency? What procedures are in place to account for contributions, including pledges, donated materials and services, special events and membership dues?
2. Does your agency have a payroll system?
3. Does your agency have a checking account at a bank? Who is authorized to sign checks?

Administrative Systems (Desirable):

4. Does your agency have written Personnel Policies?

All agencies: In addition to reviewing the audit or fiscal systems, staff will review the ability of previously funded agencies to meet contractual agreements.

IV. Physical Improvement Projects – Information Only

In addition to the previous sections, all physical improvement project applicants must answer the following questions. The response should not exceed four (4) pages.

A. Project Implementation –

1. Provide an overview of the scope of the physical improvement project, the components of the project, and where you are in the planning stages. (Ex: Are the designs finished? Has an architect been hired? Have you completed fundraising for the project?)
2. Describe the location of the project. Provide an address if available. Have you made an offer on the property? Have you bid the project?
3. Summarize the discussion your organization has had with the City Planning Department regarding this project. What has the Planning Department said about zoning issues?
4. Discuss the drafted cost estimates including information about ADA improvements.

5. If this project has already begun, discuss how this request is separate from the activities that have started. Is this part of a larger project?

B. Feasibility (Rating Criteria – 3 Point Scale)

Describe specifically how your project(s) meets each feasibility criterion listed below. Include the date and year all requirements will be met. **Be sure to reference the feasibility criteria in Attachment II - Evaluation Criteria in the General Information Packet when addressing these questions!**

1. **Site Control**

Explain your project's status regarding site control. List any supporting documentation included with this application. Describe any current or potential barriers to achievement of this criterion. Estimate the date site control will be completed.

2. **Percentage of Total Project Budget In Place**

Explain your project's progress toward achieving total cash commitment. What percentage of the total budget is currently in place? List any supporting documentation included with this application that demonstrates cash commitment such as funding commitment letters, or monthly financial reports. Correlate the status information to the desired funding years.

3. **Compliance with City Security Requirements**

Explain your project's status regarding compliance with city security requirements. List any supporting documentation included with this application. Describe any current or potential barriers to achievement of this criterion. Correlate the security information to the desired funding years.

4. **Availability of Ongoing Operating Costs**

- a. What are the projected costs and sources of funding for these services upon completion of the project?

<u>Service/Activity</u>	<u>Cost</u>	<u>Source of Funding</u>

5. Plan for Construction Management

Describe your plan for construction management. Will you be using an architect and/or construction manager (one or the other is permitted)? Will their services be provided pro bono? If not, what funds will be used?

- 6.** Upon conditional commitment of funding the Awardee will be required to submit a proforma using the City's format (sample attached- Attachment H).

All loan terms for funding provided by the City of Sunnyvale will be negotiated once other funding commitments are finalized. **Residual receipt loans, zero interest or forgivable loans and/or loan terms exceeding the initial term of the primary lender should not be considered as possible negotiable terms** as described in the City of Sunnyvale's CD Strategy/Underwriting criteria.

ATTACHMENT "A"

(Scope of Service – Operating Project)

PROJECT TITLE_____

ORGANIZATION NAME_____

GRANT PROGRAM_____

List (A) the number of *unduplicated participants* to be served per quarter (if services are provided directly to individuals), 1 - 4 *activities/outputs* and units of service to be provided per quarter.

Activities		Units of Service per Quarter				
A.	Unduplicated Participants	1 st	2 nd	3 rd	4 th	Total
	Total Program					
	This Grant					

OUTPUT GOALS: List 1-4 Activities and Units of Service for Each Quarter

Activities/Outputs	1 st	2 nd	3 rd	4 th	Total
Ex: # of workshop sessions	6	6	6	6	24

ATTACHMENT "B"

(Scope of Service – Project)

PROJECT TITLE _____

ORGANIZATION NAME _____

GRANT PROGRAM _____

TIME SCHEDULE: Activities are identified for each type of project. Identify target dates (month/year) for all items that apply to your project. If you have already completed an activity, write the date (month/year) that it was completed.

	<u>ACTIVITY</u>	<u>COMPLETION DATE</u>
ACQUISITION	Identify potential sites	_____
	Meet with City Planning/obtain permits	_____
	Obtain Environmental Review	_____
	Purchase property	_____
	Occupy property	_____
RELOCATION	Obtain sign-off of relocates	_____

DEMOLITION		_____

CONSTRUCTION/REHABILITATION/EXPANSION	Acquire property	_____
	Meet with City Planning/obtain permits	_____
	Obtain Environmental Review	_____
	Advertise for and contract with architect	_____
	Complete design work/plans and specifications	_____
	Prepare bid packet for construction	_____
	Advertise for bids	_____
	Bid opening	_____
	Sign contract	_____
	Begin construction	_____
	Finish construction	_____
	Notice of project completion	_____

OTHER PROJECT SPECIFIC GOALS

Outcome 1 _____

Outcome 2 _____

Outcome 3 _____

Outcome 4 _____

ATTACHMENT "C"

BUDGET WORKSHEET

PROJECT TITLE _____
 ORGANIZATION NAME _____
 GRANT PROGRAM _____

	2005-2006		
PROPOSED EXPENSES	Grant Request COL 1	Other Funds COL 2	Total Project Cost COL 3
ACQUISITION			
Appraisal			
Purchase Price (Land/Bldg.)			
Escrow & Title Costs			
Relocation			
Demolition			
SUBTOTAL			
PREDEVELOPMENT AND/OR ENGINEERING AND INSPECTION			
Fees & Permits			
Engineering and Inspections			
Studies (including Environmental & Advertising			
Architect			
Construction Manager			
SUBTOTAL			
CONSTRUCTION			
*Primary Construction Contracts			
**ADA Construction Cost			
Modular Cost			
*Other Construction Cost			
Landscaping			
Parking (Off-Street)			
Public Street Improvements			
Utilities			
SUBTOTAL			
TOTAL			

* **Attach a page** listing construction components included in the Primary Construction and/or elements included in the Other Construction category (physical improvement projects only). ** Federally funded projects must meet all ADA requirements.

ATTACHMENT "CC"

BUDGET WORKSHEET (Minor Project)

PROJECT TITLE _____
ORGANIZATION NAME _____
GRANT PROGRAM _____

	2005-2006		
PROPOSED EXPENSES	Grant Request COL 1	Other Funds COL 2	Total Project Cost COL 3
ACQUISITION			
Appraisal			
Purchase Price (Land/Bldg.)			
Escrow & Title Costs			
Relocation			
Demolition			
SUBTOTAL			
PREDEVELOPMENT AND/OR ENGINEERING AND INSPECTION			
Fees & Permits			
Engineering and Inspections			
Studies (including Environmental & Advertising			
Architect			
Construction Manager			
SUBTOTAL			
CONSTRUCTION			
*Primary Construction Contracts			
**ADA Construction Cost			
Modular Cost			
*Other Construction Cost			
Landscaping			
Parking (Off-Street)			
Public Street Improvements			
Utilities			
SUBTOTAL			
TOTAL			

* **Attach a page** listing construction components included in the Primary Construction and/or elements included in the Other Construction category (physical improvement projects only).

** Federally funded projects must meet all ADA requirements.

ATTACHMENT "D" - PROJECT SCOPING FORM

Project Name: _____

Date: _____

Building square footage: _____

Site acreage: _____

ea = each	lf = linear foot	ls = lump sum	sf = square foot	sy = square yard
btus = heating capacity		tons = cooling capacity		

Sitework

New	Replace									
<input type="checkbox"/>	<input type="checkbox"/>	parking lot paving	#	sf	x	\$/sf	= \$			
<input type="checkbox"/>	<input type="checkbox"/>	exterior lighting	#	ea	x	\$/ea	= \$			
<input type="checkbox"/>	<input type="checkbox"/>	walking surfaces	#	sf	x	\$/sf	= \$			
<input type="checkbox"/>	<input type="checkbox"/>	irrigation	#	lf	x	\$/lf	= \$			
<input type="checkbox"/>	<input type="checkbox"/>	plants/shrubs	#	ls	x	\$	= \$			
<input type="checkbox"/>	<input type="checkbox"/>	turf	#	sy	x	\$/sy	= \$			
<input type="checkbox"/>	<input type="checkbox"/>		#		x	\$/	= \$			
<input type="checkbox"/>	<input type="checkbox"/>		#		x	\$/	= \$			
<input type="checkbox"/>	<input type="checkbox"/>		#		x	\$/	= \$			

ATTACHMENT "E"

RESOURCE TABLE

PROJECT TITLE _____
ORGANIZATION NAME _____
GRANT PROGRAM _____

Complete the following table. List your monetary resources for **this project** and then list other resources that will be used to support **the project**. In the last column on the right, provide the level of commitment for all resources, using one the following terms: received, pending (i.e., applied) and projected.

SOURCE OF FUNDS	USE	DOLLAR AMOUNT OR OTHER VALUE*	LEVEL OF COMMITMENT

*** Do not assign a dollar value to in-kind or other non-monetary resources. Instead, quantify or give a brief description. (e.g. 20 volunteer hours per week)**

ATTACHMENT "F"

CERTIFICATION AND ASSURANCES

THE APPLICANT SHALL PROVIDE THE FACILITIES PROPOSED IN ACCORDANCE WITH THE CITY'S 2005-2006 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM AND/OR HOME PROGRAM. THE APPLICANT MAKES THE FOLLOWING ASSURANCES. THE PROJECT SHALL:

1. BE IN COMPLIANCE WITH ALL LOCAL LAWS, ORDINANCES, CODES, REGULATIONS AND DECREES;
2. PRACTICE NON-DISCRIMINATION IN PROVIDING SERVICES, HIRING PERSONNEL, AND RECRUITING VOLUNTEERS, AND SHALL PROVIDE A PERSONNEL PRACTICES PLAN IF FUNDED;
3. MAINTAIN ADEQUATE CLIENT RECORDS OF INDIVIDUALS BEING SERVED BY THE PROJECT TO DOCUMENT CLIENT NAME, ADDRESS, AGE, INCOME ELIGIBILITY, ETHNICITY, FEMALE HEAD OF HOUSEHOLD, OR ANY OTHER STATISTICAL DATA REQUIRED BY CITY UNLESS SPECIFICALLY EXEMPTED FROM KEEPING SUCH DATA. EXEMPTIONS FROM CITY MUST BE IN WRITING. THE CITY SHALL HAVE FULL AND COMPLETE ACCESS TO SUCH CLIENT RECORDS;
4. SUBMIT IN A TIMELY MANNER SUCH PROGRAM AND FINANCIAL REPORTS AS ARE REQUIRED BY THE CITY TO MONITOR PERFORMANCE OF THE PROJECT;
5. APPOINT ONE DIRECTOR OF THE PROJECT WHO WILL BE RESPONSIBLE FOR THE ADMINISTRATION OF THE PROJECT;
6. APPOINT A FISCAL AGENT WHO SHALL BE RESPONSIBLE FOR ALL FINANCIAL AND ACCOUNTING ACTIVITIES OF THE PROJECT;
7. PREPARE AND SUBMIT FOR CITY APPROVAL A COST ALLOCATION PLAN WHICH EQUITABLY APPORTIONS INDIRECT COSTS OVER ALL FUNDING SOURCES SUPPORTING THE PROJECT; AND
8. OBTAIN INSURANCE AS DESCRIBED IN AS INSURANCE REQUIREMENTS IN THE GENERAL INFORMATION PACKET. APPLICANT UNDERSTANDS THAT THE PROJECT WILL NOT BEGIN, NOR CAN COSTS BE INCURRED, UNTIL PROOF OF ADEQUATE INSURANCE IS APPROVED BY CITY.
9. COMPLY WITH CHURCH/STATE RESTRICTION AS OUTLINED BELOW. CONTRACTOR AGREES THAT FUNDS RECEIVED FROM THE CITY FOR PUBLIC SERVICES SHALL BE USED IN ACCORDANCE WITH THE FOLLOWING CONDITIONS:

- (A) CONTRACTOR SHALL NOT DISCRIMINATE AGAINST ANY EMPLOYEE OR APPLICANT FOR EMPLOYMENT ON THE BASIS OF RELIGION AND SHALL NOT LIMIT EMPLOYMENT OR GIVE PREFERENCE IN EMPLOYMENT TO PERSONS ON THE BASIS OF RELIGION;
- (B) CONTRACTOR SHALL NOT DISCRIMINATE AGAINST ANY PERSON APPLYING FOR PUBLIC SERVICES ON THE BASIS OF RELIGION AND SHALL NOT LIMIT SUCH SERVICES OR GIVE PREFERENCE TO PERSONS ON THE BASIS OF RELIGION;
- (C) CONTRACTOR SHALL PROVIDE NO RELIGIOUS INSTRUCTION OR COUNSELING, CONDUCT NO RELIGIOUS WORSHIP OR SERVICES, ENGAGE IN NO RELIGIOUS PROSELYTIZING, AND EXERT NO OTHER RELIGIOUS INFLUENCE IN THE PROVISION OF PUBLIC SERVICES;
- (D) THE PORTION OF A FACILITY USED TO PROVIDE PUBLIC SERVICES SHALL CONTAIN NO SECTARIAN OR RELIGIOUS SYMBOLS OR DECORATIONS; AND
- (E) THE FUNDS SHALL NOT BE USED TO CONSTRUCT, REHABILITATE OR RESTORE ANY FACILITY, WHICH IS OWNED BY CONTRACTOR AND IN WHICH THE PUBLIC SERVICES ARE TO BE PROVIDED. MINOR REPAIRS MAY BE MADE; HOWEVER, IF THOSE REPAIRS (1) ARE DIRECTLY RELATED TO THE PUBLIC SERVICES, (2) ARE LOCATED IN A STRUCTURE USED EXCLUSIVELY FOR NON-RELIGIOUS PURPOSES, AND (3) CONSTITUTE IN DOLLAR TERMS ONLY A MINOR PORTION OF THE EXPENDITURE FOR THE PUBLIC SERVICES.

THIS APPLICATION AND THE INFORMATION CONTAINED HEREIN ARE TRUE AND CORRECT AND COMPLETE, TO THE BEST OF MY KNOWLEDGE.

DATE: _____

Organization Name (TYPE)

BY: _____
Authorized Representative
(Signature, Title)

Print Name of Authorized
Representative Here

Address of Representative

Telephone Number of Representative

ATTACHMENT "G"

STATEMENT OF FISCAL AGENT RESPONSIBILITIES

_____ shall act as a fiscal agent for
(Agency)
_____ for its
(Applicant)
_____. The applicant has or will submit
(Applicant's Project)

a grant application for the City of Sunnyvale's Community Development Block Grant and/or HOME program. *(circle the applicable program)*

If the project is awarded funds, the fiscal agent shall accept the following responsibilities:

- Enter into an agreement with the City of Sunnyvale to provide specified services or engage in certain construction-related activities for the project in accordance with any funding condition(s).
- Submit requests for reimbursement of project expenses to the City of Sunnyvale on behalf of the applicant.
- Receive payments from the City of Sunnyvale for project expenses and disburse funds to the applicant upon proper documentation.
- Maintain adequate accounting records.
- Submit project reports to the City Of Sunnyvale as required.

DATE: _____
Fiscal Agent (Organization Name)
PLEASE TYPE

BY: _____
Fiscal Agent (Authorized Representative) Fiscal Agent (Authorized Representative)
SIGNATURE and TITLE PRINT NAME

Address of Fiscal Agent's Authorized Representative

Phone Number of Fiscal Agent's Authorized Representative